



Historic Significance Evaluation of Property for Demolition

Property Address: _____

Your Name: _____

Are you the property owner? Yes _____ No _____ (the current owner must authorize this action.)

If you are not the owner, please list the name and mailing address of the owner(s): *

Your mailing address if different from above:

Daytime telephone number: _____ Home telephone: _____

Property Type: Single-family residence _____ Commercial Building _____
Other _____

Year Built (if known): _____

Architect/Builder (if known): _____

Do you have information on the history of the property that you would be willing to share with the City's Historic Preservation staff for research purposes?

Yes _____ No _____

If you are the property owner, do you authorize City staff to inspect and photograph the exterior of the property? Yes _____ No _____

I hereby request that the property at _____ be evaluated for local significance based on the City of Rockville's criteria of historical, cultural, architectural and/or design significance.

Signature _____ Date _____

Please return this completed form to: Historic Preservation Office, Department of Community Planning and Development Services, 111 Maryland Avenue, Rockville, Maryland 20850-2364, or Fax to: 240-314-8210. Questions? Call 240-314-8230.

Office use only: Date received _____ Assigned to _____